Additional file 2: Screen shot of order set

COPD Acute Exacerbation Orders - Order1, Set

Order1, Set
FMC-21-223-2

Unreviewed Allergies

2160020984 / 100041602180
Canada, Albert A

68y (1947-May-18)   Male

COPD Acute Exacerbation Orders [10 orders of 55 are selected]

Medications - ACUTE

Inhaled Bronchodilators -Metered Dose Inhaler with aerochamber (MDI - preferred option)

Order	Strength and/or Components	Dose	Unit	Route	Frequency	PRN	Start Priority	Addtional Information
Bronchodilators - 3 item(s)								
☑ **salbutamol inhaler**	(Each puff delivers 100..	2	puff(s)	INHALED	q4h	☐	Routine	WHILE AWAKE
☑ **salbutamol inhaler**	(Each puff delivers 100..	2	puff(s)	INHALED	q1h	☑	Routine	If 3 consecutive doses required, call..
☑ **ipratropium inhaler**	(Each puff delivers 20..	4	puff(s)	INHALED	q4h	☐	Routine	WHILE AWAKE

Nebulized Bronchodilators - Only if cannot tolerate MDI

Oxygen is preferred delivery gas for all nebulized medications. Compressed air can be used as the delivery gas in the following situations: 1 - COPD with hypercapnia, 2 - Past exposure to bleomycin, 3 - Central hypoventilation known or suspected.

Order	Strength and/or Components	Dose	Unit	Gas for Nebulizer	Frequency	PRN	Start Priority	Additional Information
Nebulized Bronchodialtors - 6 item(s)								
☐ ipratropium / salbutamol neb soln	(Each 2.5 mL nebule contains 0.5..	2.5	mL	via oxygen	q4h	☐	Routine	Review after 48 hours
☐ ipratropium / salbutamol neb soln	(Each 2.5 mL neb provides 0.5 mg..	5	mL	via oxygen	q4h	☐	Routine	Review after 48 hours
☐ salbutamol neb soln		2.5	mg	via oxygen	q4h	☐	Routine	Review after 48 hours
☐ salbutamol neb soln		5	mg	via oxygen	q4h	☐	Routine	Review after 48 hours
☐ ipratropium neb soln	(Each mL contains 250..	250	microgram	via oxygen	q6h	☐	Routine	Review after 48 hours
☐ ipratropium neb soln	(Each mL contains 250..	500	microgram	via oxygen	q6h	☐	Routine	Review after 48 hours

Corticosteroids

Order	Dose	Unit	Route	Frequency	Start Priority	Advisory Note	Additional Information
Corticosteroids - 4 item(s)							
☑ **predniSONE tab**	50	mg	PO	daily	ASAP		
☐ predniSONE tab		mg	PO		ASAP		
☐ hydrocortisone Na succinate inj		mg	IVPB		ASAP	Switch to oral medications when possible.	Review after 48 hours
☐ methylPREDNISolone Na succinate inj		mg	IVPB		ASAP	Switch to oral medications when possible.	Review after 48 hours

Antimicrobials

Patients with pneumonia on CXR may require different antibiotics.

Complicated COPD Definition: FEV1 < 50% predicted, >= 4 exacerbations/year, ischemic heart disease, chronic oral steroid.   Simple COPD Definition: FEV1 > 50% predicted, <4 exacerbations/year, age < 65 years, no comorbidities.

Recommended for complicated COPD

Order	Strength and/or Components	Dose	Unit	Route	Frequency	Start Priority	Advisory Note	Start Date	Additional Information
Antimicrobials - 3 item(s)									
☐ amoxicillin / clavulanate tab	875 (Each..	1	tab	PO	bid	ASAP		T	Review after 7 days.
☐ levofloxacin tab		500	mg	PO	daily	ASAP		T	Review after 7 days.
☐ levofloxacin tab		250	mg	PO	daily	ASAP	If CrCl is 20 - 49.		Review after 7 days.

Recommended for simple COPD

Order	Strength and/or Components	Dose	Unit	Route	Frequency	Start Priority	Start Date	Additional Information
Antimicrobials - 8 item(s)								
☐ amoxicillin cap		500	mg	PO	tid	ASAP	T	Review after 7 days.
☐ AZIthromycin tab		500	mg	PO	once	ASAP	T	Initial loading dose. Follow with daily dose.
☐ AZIthromycin tab		250	mg	PO	daily	Routine	T+1	Daily dose. Start following loading dose. Review..
☐ cefUROXime tab		500	mg	PO	bid	ASAP	T	Review after 7 days.

Drug Info   OK   Cancel

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Antimicrobials - 8 item(s)

	Order		Dose	Unit	Route	Frequency	Start Priority		Additional Information
☐	amoxicillin cap		500	mg	PO	tid	ASAP	T	Review after 7 days.
☐	AZIthromycin tab		500	mg	PO	once	ASAP	T	Initial loading dose. Follow with daily dose.
☐	AZIthromycin tab		250	mg	PO	daily	Routine	T+1	Daily dose. Start following loading dose. Review...
☐	cefUROXime tab		500	mg	PO	bid	ASAP	T	Review after 7 days.
☐	clarithromycin tab		500	mg	PO	bid	ASAP	T	Review after 7 days.
☐	doxycycline cap		200	mg	PO	once	ASAP	T	Initial loading dose. Follow with daily dose.
☐	doxycycline cap		100	mg	PO	bid	Routine	T+1	Daily dose. Start following loading dose. Review...
☐	sulfamethoxazole / trimethoprim DS tab	(Each tab...	1	tab	PO	bid	ASAP	T	Review after 7 days.

Medications - MAINTENANCE

	Order	Strength and/or Components	Dose	Unit	Route	Frequency	PRN	Start Priority	Additional Information
Long Acting Bronchodialators - 3 item(s)									
☐	formoterol turbuhaler	(Each puff delivers 12...	1	puff(s)	INHALED	bid	☐	Routine	
☐	salmeterol diskus	(Each puff delivers 50...	1	puff(s)	INHALED	bid	☐	Routine	
☐	tiotropium inhalation cap		18	microgram	INHALED	daily		Routine	
Combination Therapy - 5 item(s)									
☐	ADVAIR inhaler	(Each puff delivers 25...	2	puff(s)	INHALED	bid	☐	Routine	
☐	ADVAIR inhaler	(Each puff delivers 25...	2	puff(s)	INHALED	bid	☐	Routine	
☐	ADVAIR diskus	(Each puff delivers 50...	1	puff(s)	INHALED	bid	☐	Routine	
☐	ADVAIR diskus	(Each puff delivers 50...	1	puff(s)	INHALED	bid	☐	Routine	
☐	SYMBICORT turbuhaler	(Each puff delivers 200...	2	puff(s)	INHALED	bid	☐	Routine	

Nicotine Replacement

Use the order set Nicotine Replacement Therapy to order appropriate therapy.

Consults

	Order	Date Requested For	Priority	Reason fo Referral	Reason for Referral	Planned Discharge Date	Reason for Referral
Consults - 3 item(s)							
☑	**Physiotherapy - Assess and Treat**	2016-Apr-18	Routine	AECOPD early mobilization			
☐	Occupational Therapy - Assess and Treat	T	Routine		AECOPD functional...		
☑	**COPD & Asthma Educator**					2016-Apr-25	AECOPD exacerbation

	Order	Date Requested For	Priority	Reason for Referral	Reason for Referral	Who	When	Reason for Referral	Additional Information
Consults - 4 item(s)									
☑	**Transition Services**	2016-Apr-18	Routine	Discharge...					
☐	Social Work Referral	T	Routine						
☑	**Notify**	2016-Apr-18				Family Doctor	About patient's...		
☐	Pharmacist Consult	T						Medication...	AECOPD...

Vaccines

	Order	Dose	Unit	Route	Frequency	Start Priority	Indication	Indication	Additional Information
Vaccines - 2 item(s)									
☐	influenza vaccine inj	0.5	mL	IM	once	Routine			Only if during October to...
☐	pneumococcal polyvalent vaccine inj	0.5	mL	SUBCUTANEOUSLY / IM	once	Routine			For splenectomy, contact...

Drug Info   OK   Cancel

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